

Attachment B to Informational Circular No. 13-P-027
 June 14, 2013

EMPLOYER PROVIDED BENEFIT	EMPLOYER'S RATE	ACCOUNT CODE
Unemployment Compensation	0.26%	519800
State Leave Payment Reserve	0.54%	517600
Flexible Spending Account	5.74%	
	(of employee deduction amount)	519900
Parking Compensation Reduction	7.65%	
	(of employee deduction amount)	517800

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	TOTAL	ACCOUNT CODE
SEMI-MONTHLY RATES	MEDICAL/DRUG	DENTAL		
Full-Time Single Employee	\$273.96	\$17.50	\$291.46	519500
Part-Time Single Employee	\$219.24	\$12.92	\$232.16	519500
Full-Time Employee, Dependent Coverage*	\$401.42	\$24.94	\$426.36	519500
Part-Time Employee, Dependent Coverage*	\$319.41	\$19.43	\$338.84	519500

* Note that these amounts include the Single Employee rate plus the Dependent Coverage rate added together.